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## BIB DATA SHEET

CONFIRMATION NO. 4325

<b>SERIAL NUMBER</b> 05/924,404	<b>FILING or 371(c) DATE</b> 07/11/1978 <b>RULE</b>	<b>CLASS</b> 342	<b>GROUP ART UNIT</b> 3662	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> HYMAN KIRTCHIK, Residence Not Provided; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JOHN B SOTOMAYOR/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 2	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> AFLSA/JACN-P 1501 WILSON BLVD. SUITE 805 ARLINGTON,, VA 22209					
<b>TITLE</b> LOW REFLECTANCE INFRARED CAMOUFLAGE SYSTEM (U)					
<b>FILING FEE RECEIVED</b> 0.00	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		